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PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

37W. \$
RCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/697,281-Conf. #8441
		Filing Date	October 31, 2003
		First Named Inventor	Kazuo Okada
		Examiner Name	C. E. Rendon
		Art Unit	3714
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	SHO-0055
TOTAL AMOUNT OF PAYMENT		(\$)	810.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims 9 - 25 or HP 9 x 26 = 234 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 - 9 or HP 3 x 110 = 330 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...) 810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	29,211
Name (Print/Type)	Carl Schaukowitch	Telephone	(202) 955-3750
		Date	June 23, 2009



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810.00		First Named Inventor	Kazuo Okada
		Examiner Name	C. E. Rendon
		Art Unit	3714
		Attorney Docket No.	SHO-0055

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-0013
	Deposit Account Name: Rader, Fishman & Grauer PLLC
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
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Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
9 - 25 or HP		x	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3 - 9 or HP		x	=				
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
- 100 =	/50 =	(round up to a whole number) x			=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity)						Fees Paid (\$)	
Other (e.g., late filing surcharge):						1801 Request for continued examination (RCE) (see 37 ... 810.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	29,211
Name (Print/Type)	Carl Schaukowitch	Telephone	(202) 955-3750
		Date	June 23, 2009



AMENDMENT TRANSMITTAL LETTER

Docket No.
SHO-0055

Application No.
10/697,281-Conf. #8441

Filing Date
October 31, 2003

Examiner
C. E. Rendon

Art Unit
3714

Applicant(s): Kazuo OKADA

Invention: GAMING MACHINE AND DISPLAY DEVICE WITH FAIL-TOLERANT IMAGE DISPLAYING
(As amended)

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 25 =	0	x 52.00	0.00
Independent Claims	3	- 9 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for Continued Examination					810.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					810.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 18-0013 in the amount of \$ 810.00.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-0013
as described below. A duplicate copy of this sheet is enclosed.

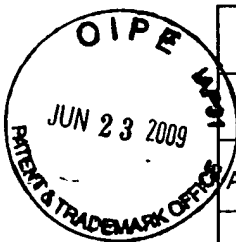
☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Carl Schaukowitz
Attorney/Agent Reg. No.: 29,211

Dated: June 23, 2009

RADER, FISHMAN & GRAUER PLLC
1233 20th Street, N.W.
Suite 501
Washington, DC 20036
(202) 955-3750



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